



SFM 2123 \$

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|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application No. | 09/438,856 | |
| | Filing Date | November 12, 1999 | |
| | First Named Inventor | Lawrence G. Meares | |
| | Art Unit | 2123 | |
| | Examiner Name | Craig, Dwin M | |
| Total Number of Pages in This Submission | 217 | Attorney Docket Number | 3104P002 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Copy of 1 Cited Reference</div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | March 28, 2006 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|------------------|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Typed or printed name | Jessica A. Clark | | |
| Signature | | Date | March 29, 2006 |



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

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| Examiner Name | Craig, Dwin M |
| Art Unit | 2123 |
| Attorney Docket No. | 3104P002 |

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 180.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 2053 | 130 | 2053 | 130 | Non-English specification | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180.00 |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) _____ | | | | | |
| SUBTOTAL (2) | | | | | 180.00 |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|-------------------|-----------------------------------|----------|-----------|----------------|
| Name (Print/Type) | William E. Alford | Registration No. (Attorney/Agent) | 37,764 | Telephone | (714) 557-3800 |
| Signature | | Date | 03/28/06 | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

LAWRENCE G. MEARES

Application No.: 09/438,856

Filed: November 12, 1999

For: **SYSTEM AND METHOD OF
PROVIDING ADDITIONAL CIRCUIT
ANALYSIS USING SIMULATION
TEMPLATES**

Art Group: 2123

Examiner: Craig, Dwin M

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a final Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

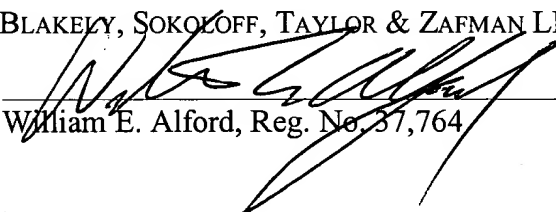
The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

The fee set in the amount of \$180.00 for submission of the Information Disclosure Statement is enclosed herewith. Please charge any additional fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: March 28, 2006



William E. Alford, Reg. No. 37,764

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (714) 557-3800

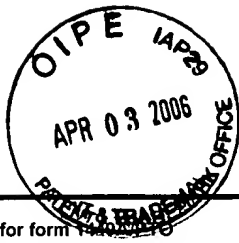
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Jessica A. Clark

03-29-06

Date



Substitute for form PTO/SB-08B

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Sheet 2 of 2

Complete if Known

| | |
|------------------------|--------------------|
| Application Number | 09/438,856 |
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| First Named Inventor | Lawrence G. Meares |
| Art Unit | 2123 |
| Examiner Name | Craig, Dwin M |
| Attorney Docket Number | 3104P002 |

NON PATENT LITERATURE DOCUMENTS

| Examiner Initials* | Cite No.† | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T² |
|-----------------------|--------------|---|----|
| | | ICAP/4 IsSpice4 User's Guide, Version 8.1.0, Intusoft, 1988-1997, entire book, pgs 1-416 | |
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|-----------------------|--------------------|
| Examiner Signature | Date Considered |
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

†Applicant's unique citation designation number. Applicant is to place a check mark here if English language Translation is attached.

Based on PTO/SB/08B (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 08/11/2003.
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